

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90061 038 \*\*\*\*61.25

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**DOCUMENT # N97000004658**

1. Entity Name

**TRUE PRAISE INTERDENOMINATIONAL MINISTRIES, INC.**



Principal Place of Business

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

Mailing Address

4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

*Change of Address*

2. Principal Place of Business

*Emerson Office Suites*

Suite, Apt. #, etc. *Ste. 125*  
*4940 Emerson Street*

City & State

*Jacksonville, FL*

Zip

*32207*

Country

*Usual*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3462740**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HILL, JIMMY L  
4427 EMERSON ST  
BLDG 1-SUITE 3  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HILL, JIMMY L  
STREET ADDRESS 2602 SANDUSKY AVE E  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE VP  
NAME HILL, BARON  
STREET ADDRESS 12865 CAPTIVE CT.  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE ST  
NAME HILL, VALARIE J  
STREET ADDRESS 2602 SANDUSKY AVE E  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D  
NAME STAFFORD, LAWRENCE C  
STREET ADDRESS 3334-1 BILLS ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE P  
NAME WILLIAMS, GARY C  
STREET ADDRESS 5312 HERONVIEW DR  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE P  
NAME MADISON, MICHAEL  
STREET ADDRESS 3933 HICKORY GROVE DR  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME Hill, Alvin  
STREET ADDRESS 2946 Broadway Ave  
CITY-ST-ZIP Jax, Fla. 32254 ☐ Change ☒ Addition

TITLE VP  
NAME Hill, Aaron ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/03

Date

Daytime Phone #

CR2E037 (4/03)